State of Maine Procurement Justification Form

PART I: OVERVIEW										
Department Office/Division/Program:				MCDCP/HETL/Operations						
Department Contract Administrator or Grant Coordinator:			Chris Moiles/Ryan Roberts							
(If applicable) Department Reference #:			CD0-22-5483							
Amount: (Contract/Amendment/Grant)		\$12,650.00	Advantage (ge C	T / RQS #: CT-10A-202		0210715*0083		
CONTRACT	Pr	oposed Start Date:	7	7/19/2021		Proposed End Date:		9/3/2021		
AMENDMENT	Original Start Date:				Effective Date:					
	Previous End Date:				New End Date:					
GRANT	Project Start Date:				Grant Start Date:					
		Project End Date:				Grant End Date:				
Vendor/Provider/Grantee Name, City, State:			Dr. Edward Ki Yun Leung Arcadia, CA							
Brief Description of Goods/Services/Grant:			Credentialed Lab Services							

PART II: JUSTIFICATION FOR VENDOR SELECTION								
Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)								
	A. Competitive Process		G. Grant					
	B. Amendment		H. State Statute/Agency Directed					
	C. Single Source/Unique Vendor		I. Federal Agency Directed					
	D. Proprietary/Copyright/Patents		J. Willing and Qualified					
X	E. Emergency		K. Client Choice					
	F. University Cooperative Project	Х	L. Other Authorization – CLIA Certification required for COVID-19					

PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Department has a urgent need in the Health and Environment Testing Laboratory (HETL) to support the leadership in assisting as the Clinical Laboratory Improvement Amendments (CLIA) Laboratory Director as defined by the Clinical Laboratory Improvement Amendments of 1988, and required for the State to retain CLIA certification.

State of Maine Procurement Justification Form

2. Provide a brief justification for the selected vendor to supplement the response in Part II.

This Provider comes with specific credentialing and extensive experience for CLIA Laboratory Director services. Provider is credentialed with a Ph.D. from Simon Fraser University, a fellowship in Biochemistry and Molecular Biology, Howard Hughes Medical Institute, Department of Biochemistry and Molecular biology, and the University of Chicago, and a Clinical Chemistry Postdoctoral Fellow. The Provider is a Diplomate of the American Board of Clinical Chemistry and a Fellow of the American Association for Clinical Chemistry (FAACC). This Provider holds professional memberships with the American Association for Clinical Chemistry, the Academy of Clinical Laboratory Physicians and Scientists, the National Academy of Clinical Biochemistry, and the American Society for Mass Spectrometry.

Provider is board certified by the American Board of Clinical Chemistry (DABCC).

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department looked at available entities to provide these unique services and this provider was the only one that could support the Department's urgent need in the timeframe required. The rates are aligned with those of similar services for credentialed services. As such, the Department has deemed the rate acceptable in light of the necessary credentialing and the critical need for the Department to maintain CLIA certification.

The Department does not plan to competitively bid these services at this time.

PART IV: APPROVALS								
Signature of requesting Department's Commissioner								
(or designee):	Designation value							
Printed Name:	2870DA6E0E76471	Date:	Jul-18-2021					
Signature of DAFS Procurement Official:	—DocuSigned by: Kathy, Paquette							
Printed Name:	41C2BA36FAF44CD Kathy Paquette	Date:	7/20/2021					